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Lulu Abbott

Rizpah Douglass

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Department of Entomology  
University of Nebraska  
Lincoln, Nebr.

# If ILLNESS Comes



EXTENSION  
CIRCULAR  
1022

EXTENSION SERVICE  
THE UNIVERSITY OF NEBRASKA  
COLLEGE OF AGRICULTURE  
LINCOLN, NEBRASKA

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EXTENSION CIRCULAR 1022

NOVEMBER, 1941

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*Acknowledgment is due the following people for help in planning this circular: Mrs. Fred Ehrman, homemaker, Gering; Mrs. Margaret Bennett, homemaker, Gering; Mrs. William Nichols, homemaker, Mitchell; Mrs. Elmer Witte, homemaker, Elkhorn; Miss Mary Strohecker, County Home Demonstration Agent, Scottsbluff; Miss Clara Noyes, County Home Demonstration Agent, Omaha.*

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 W. H. Brokaw, Director, Agricultural Extension Service, Lincoln, Nebraska  
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# If Illness Comes

LULU ABBOTT<sup>1</sup> and RIZPAH DOUGLASS

THE HEALTH OF HER FAMILY is of vital concern to every wife and mother. It is her responsibility to maintain the health of each individual member of her family as well as to cope with the emergencies. The situation in Nebraska makes it even more important for the homemaker to take care of each slight illness with intelligence. For adequate medical care, one physician for every 700 people is desirable. In Nebraska in 1940 there was one for every 803 people. Eighty per cent of these physicians live in the more thickly populated areas, leaving five Nebraska counties with none.

This means that the rural homemaker especially will often need to rely on her own judgment for remedies and care. Also when it does become necessary to call a physician, she will need to make the best possible use of his time by reporting the symptoms and the condition of the patient accurately.

Coupled with the lack of physicians in Nebraska is the fact that there are only 89 registered hospitals in the state. Thirty-three counties have no registered general hospital. This condition makes it even more necessary for the homemaker to have a practical knowledge of nursing and hygiene. She no doubt will be required to take care of the sick in her home more often than if more hospital facilities were available.

This circular is not a treatise on professional nursing. The following are some of its objectives: To give simple suggestions to the homemaker on how to care for the sick at home. To assist her in recognizing the indications of illness. To help her realize when a doctor should be called. To help her work out a daily plan and procedure for care of the sick. To help her develop in her family a wholesome attitude toward illness. To suggest how other members of the family can help. To suggest measures every family can use to prevent illness.

## Indications of Illness

When some one becomes ill, it is usually an untrained member of the family, a friend, or the sufferer himself who must decide whether to send for a doctor. It is valuable for people to familiarize themselves with the appearance of a healthy individual, and it is important for every woman to form the habit of observing unusual appearances which may be the signs of illness.

The *temperature* of the body, if abnormal—either lower or higher than usual—is an important symptom. The temperature is accurate only when taken by means of a clinical thermometer, which is constructed differently from a cooking or weather thermometer in that the mercury remains where it is registered until shaken down. Instruction in the procedure of taking temperatures and the care of the thermometer are given on page 8.

The character of the *pulse*, which indicates the heart action as felt in the arteries near the surface of the body, is an excellent indication of the condition

<sup>1</sup> Registered nurse.

of a person. There are three points to remember—the rate per minute; the force or strength, which tells whether the pulse is weak or strong; and the rhythm, which tells whether the pulse is regular or irregular.

The pulse rate of a normal man at rest is 72 a minute, and of a normal woman at rest about 80 a minute. At birth the rate is from 124 to 144. Between two and six years of age, it is from 90 to 105 a minute.

Variations in the rate and character of breathing, called *respiration*, are another important thing to observe. The normal rate of respiration of an adult at rest is 16 to 20 each minute, but it is much faster during exercise. The rate is about 30 to 35 a minute in babies, and 20 to 25 in children.

The *general appearance* of a person may be observed by another. The expression of the face may show it to be drawn, anxious, excited, dull, or stupid. The face may be thin, swollen, pale, flushed, or blue. The skin may be dry, moist and clammy, hot, or cold. There may be eruptions, rashes, swellings, or sores on the skin.

The *strength* or *weakness* of a person may be noted by observing his movements and ability to walk, sit, stand, feed himself, or turn in bed.

The *special senses* are often disturbed in sickness. The eyes may be blood-shot or red, swollen, or discharging. The hearing, touch, and smell may be impaired, or they may be very acute. The taste may be impaired. There may be discharge from the nose and ears. Discharge from the ears or pain, tenderness, and swelling of this location should be reported to a physician.

In sickness the *tongue* may be dry and cracked or may be coated white, yellow, or brown. The odor of the breath may be foul.

The *throat* may be red or swollen or covered with white patches.

The *gums* may be swollen and bleeding.

The sick person may have a dry *cough* or one which raises some material, in which case the character and the amount of the sputum should be noted.

The loss of *appetite* or the amount of food eaten should be observed.

The character of *vomited* material should be noted, and if unusual, a specimen should be saved for the doctor's inspection.

The character and number of *bowel movements* should be noted. They may be soft, hard, or fluid, brown, yellow, green, or black. An unusual specimen should be saved.

The *urine* of a healthy person is clear and amber colored, and the amount excreted in 24 hours varies from 30 to 50 ounces. It is essential that a sufficient amount should be passed. Inability to urinate is serious, and should always be reported to a physician.

*Loss of weight* is significant in adults and children, and inability of babies and children to gain weight is a danger signal.

The *amount of sleep* a person obtains should be noted, also its character, whether quiet or restless, deep or light.

The *mental condition* of a person should be carefully observed. He may be normal or depressed, irritable, restless, dull, excited, wandering, delirious, or unconscious.

*Pain* is a most important symptom. It should never be disregarded. Pain is a sign that something is wrong. When reporting pain, it is best to use the



patient's own words. Four points should be observed: (1) the location; (2) the character—whether dull or sharp, stabbing, throbbing, continuous, slight, or severe; (3) the time at which it is worse, as at night, after eating, etc.; (4) whether it is relieved or increased by a change of position, eating or drinking, heat or cold, etc. Pain may be felt in a part far distant from the location of trouble.

*Nausea and fatigue*, like pain, are conditions which are apparent only to the patient.

### Procedure When Illness Comes

It is essential that the sick person have a room to himself if at all possible. It is distracting to have other members of the family running in and out to get their belongings. It would be best for the attendant to sleep in a near-by room unless it is necessary to give considerable care during the night.

In most instances it is wise to put the patient into a clean bed at the first sign of illness. Take the temperature, pulse, and respiration and make a record. Sponge the face and hands or give an entire bed bath, if it seems necessary. Keep the patient quiet and encourage him to rest.

Watch the developments carefully. Restrict the diet to liquids and very light foods. In the case of pain in the abdomen, which might be a symptom of appendicitis, no *water, other liquid, food, or medicine* should be given by the *mouth*. *An enema should never be given*. The bowels must be kept quiet.

In case of headache, but no pain in the abdomen, an enema may be advisable if the patient's bowels have not moved recently.

*Good ventilation* is essential. Ventilation involves four factors—fresh air without a draft, proper amount of moisture or humidity, movement of air, and the proper temperature. Fresh air may be admitted by a window open at top and bottom. A draft may be prevented by window ventilators or a cloth tacked over the opening, by screens, or by a sheet stretched along the side, foot, or head of the bed depending upon the location of the window.

Moisture may be supplied by boiling water on the stove, by plants, water in fish bowls, or basins of water in the room. The mucous membranes become dry and irritated without proper humidity, and very often headaches result. Air may be kept moving by opening opposite windows or an opposite window and door or by the use of an electric fan.

To determine and maintain the proper temperature, which should be between 70° and 75°F., use a wall thermometer placed in the room about four feet from the floor.

Besides making people more cheerful, *sunlight* is as good for human beings as it is for animals. Sunlight is a powerful disinfectant, and is essential in every sick room. A patient's eyes should be protected from bright lights shining directly in them. When a person is lying in bed, the lights and reflections strike differently from the way they do when he is sitting or standing. Lights must be shaded at different times of day to eliminate discomfort.

Most people sleep best in the dark but if the patient must be watched a small light should be provided. The attendant must be able to see what she is doing and also to see any serious changes in the condition of the patient.

A reading lamp on a bedside table is desirable for short periods of reading. A flashlight might be used to see a watch or clock at night. Matches in the hands of a patient involve great risk.

If a patient is depressed at twilight, draw the shades early and turn on the lights, then remain in the room for a while.

### **Daily Routine Care of the Patient**

One person, and only one, should be responsible for the patient in the home. This does not mean that one person should do all the nursing, but it does mean that this one person should see the doctor when he calls and receive all directions as to medication, diet, and treatments. She may delegate duties to others, but she is responsible for the execution of all orders.

The duties of the attendant are numerous. She plans the everyday care of the patient and the daily routine. Some changes in the sleeping room or surroundings may make the patient more comfortable. She assembles the equipment. The family and visitors must be reminded that quiet is desirable for the recovery of the sick.

A person who cares for the sick should wear washable dresses with sleeves which can be rolled up, washable aprons, and shoes with rubber heels. All clothing should be comfortable. She must be neat and clean and keep her finger nails short and smooth. Jewelry, especially rings and bracelets, are out of place in a sick room.

The attendant must conserve her own strength in order to care for the patient properly. She must realize that her own sleep, diet, out-of-door exercise, recreation, and diversion are essential to her as well as to the patient. A sleepy, tired person, whether trained or untrained, is not able to carry out directions or observe symptoms quickly.

When the attendant is off duty, or goes away, she should get some one to be responsible in her place. She must leave definite, clear, written orders concerning medication, diet, rest, sitting-up treatments, and visitors, and check the list when she returns to make sure her instructions were carried out.

*Morning care.*—A sick person often awakens early and becomes restless if some attention is not given. Offer the bed pan; make the patient comfortable and warm. A hot drink of milk may help him to go back to sleep until after the family breakfast hour. The following general morning procedure may help the attendant be sure that no essential care is omitted: (1) Offer bed pan. (2) Take temperature, pulse, and respiration. (3) Wash hands and face. (4) Brush teeth and comb hair. (5) Straighten bedding and raise patient ready to receive tray. (6) Serve morning breakfast. (7) Let patient rest about an hour or read the paper or mail. (8) Give a bed bath and other treatments. (9) Make bed. (10) Serve 10 o'clock nourishment if ordered or desired. (11) Arrange bed or chair for patient to sit up if permitted to do so.

*Food for the patient.*—Food for an invalid should be served in the most pleasing manner possible. Small quantities are best because they suit the digestive powers of the patient. In a severe illness the doctor prescribes the kind and amount of food to be given. With some types of illness a patient should have food in small quantities at frequent intervals. Use the daintiest dishes in the house, and if possible those with some color. Place a clean



napkin on the tray. Serve hot food hot, and cold food cold. Remove the tray as soon as the food is eaten or refused.

A liquid diet consists of the various beverages, milk, strained soups, beef juice or extracts, fruit juices, and raw eggs in milk or broth.

A soft or semisolid diet consists of all foods in the liquid diet and other semisolid or soft foods easily digested. Green vegetables and fresh fruits are omitted, as are solid meats. However, fruit juices and puréed fruits and vegetables, strained soups made from vegetables, and meat jellies and custards are permitted. A light diet consists of baked chicken, baked potato, baked apple, eggs in all forms except fried, toast, peas and asparagus in cream, and crisp bacon. All foods with skins, seeds, or high seasonings are not allowed in the diet.

In setting up a tray it is best to use one in proportion to the number of articles being placed on it. Where liquids only are served it is attractive to use a small tray with a paper lace doily under the soup bowl which is covered with a saucer. To make the tray attractive and convenient when serving a full meal arrange as illustrated in Figure 1.

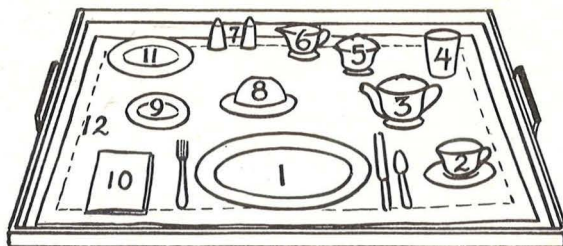


FIG. 1.—Arrangement of tray: (1) dinnerplate, (2) cup and saucer, (3) coffee pot, (4) water glass, (5) sugar bowl, (6) creamer, (7) salt and pepper, (8) vegetable side dish, (9) bread and butter plate, (10) napkin, (11) dessert, (12) tray cloth.

*Sitting up in a chair.*—The doctor will give definite instructions as to when and how long the patient may sit in a chair, and these instructions should be followed. Select a comfortable, high-backed armchair. Place a pillow in the seat and at the back and bring the chair close to the bed, either facing the foot or the head of the bed. A blanket may be placed lengthwise in the chair if it is cool or if the patient does not have a robe. While the patient is in bed, put on his robe and his socks and slippers. Then help him to a sitting position on the side of the bed. Assist the patient to stand, then turn so that back is at the chair, and then gently lower him. Adjust the pillows and cover with the blanket. Move the chair so that the outlook is pleasant and different from the view in bed. Place a table or chair with a glass of water and a bell on it near the patient.

Do not keep the patient up longer than he desires or after he becomes tired or faint even though the time suggested by the doctor has not elapsed.

*Visitors.*—The hours for visitors must be chosen when no treatment or baths are to be given and when the patient is not tired. Perhaps late morning and early afternoon are the most suitable times. Visitors must be instructed as



to how long they may stay and, if necessary, what not to talk about. Do not permit more visitors than the patient enjoys. Many people have too much company while they are acutely ill and not enough if they are ill for a long time. Visitors should not be admitted to patients with colds, severe headaches, digestive disturbances, or severe pain. The visitor should not be admitted if he has a sore throat, cough, or signs of a cold or other infectious disease.

*Evening care.*—As a result of being in bed most of the day, a patient becomes tired and restless toward evening. This condition may be relieved by giving a sponge or a partial bath or rubbing the back and limbs with alcohol, and remaking the bed and changing the patient's position.

The evening should be quiet and free from excitement. If it is necessary for the attendant to sleep in the patient's room, she should arrange her bed or cot before the patient receives her night care. Place a flashlight or electric lamp or other lamp near. Then proceed to prepare the patient for the night: (1) Wash face and hands or give bath, unless given earlier in evening. (2) Brush hair. (3) Remove crumbs from the bed. (4) Change night gown. (5) Tighten sheets or remake the bed. (6) Rub back, hips, and legs with alcohol. (7) Remove, shake, and replace pillows. (8) Give liquid nourishment, preferably hot, to induce sleep. (9) Cleanse the mouth. (10) Offer the bed pan. (11) Put extra blanket within reach. (12) See that patient's feet are warm and bed covers are comfortable. (13) Prepare ventilation for the night. (14) Eliminate all noises of curtains, windows, doors, and faucets. (15) Prepare lights for the night. (16) Before leaving the room, ask the patient if he wishes anything, and if not, tell him good-night so he will know you are leaving. Give him time to go to sleep before returning quietly to your bed.

*Comfort during the night.*—During the night or in early morning, the patient may become weak and weary and have a headache or some pain. Quietly apply an extra cover. A hot nourishing drink may be given. To relieve a headache apply cold compresses to the forehead. Always be kind and sympathetic and try to relieve all discomforts. See that the patient's feet are warm and fill water bottle if necessary.

*Keeping a record.*—Accurate information of the temperature, pulse, respiration, symptoms, elimination from bowels and bladder, medication, food, and drink may be recorded very briefly. Such a record will help the attendant tell the doctor the patient's condition and will serve as a reminder when the doctor asks questions. Even for seemingly minor illness a record may prove valuable if the illness becomes more serious. This may be done easily by using a form similar to the following:

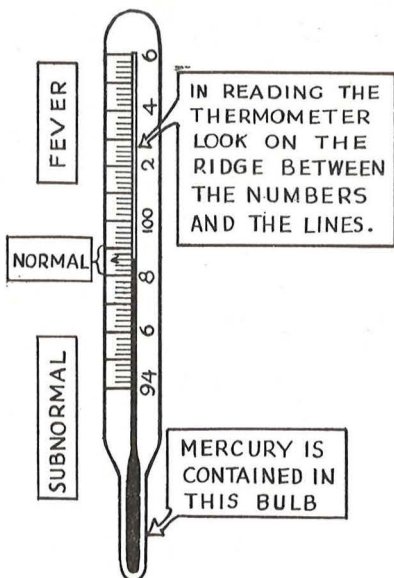


FIG. 2.—A clinical thermometer.

## SUGGESTED RECORD

Name.....

Physician..... Nurse.....

Date	Hour A.M.	Pulse	Temp.	Resp.	Medica- tion	Nourishment	Remarks	Urine	Stool
Aug. 1	6:00					Glass water	Awakened thirsty	8 oz.	
	7:00						Slept well		
	7:30	80	98.6	22					
	9:00					Fair breakfast			
	9:30								Good
	10:30						Bed bath		
	12:00						Neuseated		
	P.M.	90	100	24		Refused lunch	Pain in back	8 oz.	
	1:00								
	1:30						Vomited		

These charts may be obtained at the drug stores or may be made by anyone.

### Special Procedures in Caring for the Patient

Every household, especially if there are small children, ought to have a clinical thermometer. The "feel" of the patient or his word are not accurate indicators of temperature. The patient may "feel" cool and yet have a high temperature, enough so that a doctor should be consulted. The thermometer is accurate and helps the attendant to determine the seriousness of the patient's condition.

*Taking the temperature.*—Before taking a mouth temperature, wash your hands and grasp the thermometer firmly by the end opposite the tip. Sterilize. Shake the mercury column down to 96° F. or below. Place it in patient's mouth under the tongue. Instruct him to close the lips, but not the teeth. Let it remain for two or three minutes. Remove, read, and record the temperature. The temperature of a normal healthy person is about 98.6° F. (Fig. 2).

The thermometer should then be sterilized. There are a number of chemical disinfectants which may be used. Obtain three small bottles about three inches high and place a little cotton in the bottom of each. In one put Lysol, in another alcohol, and in the third clean water. Place the thermometer carefully in the Lysol. Remove after several minutes and wipe with slightly moist cotton. Then place it in the bottle of alcohol. Remove and dip into the bottle of clean water. Wipe and put into the case. Some people use only alcohol and water. Ask your doctor for suggestions. Soap and water alone are not sufficient in case of an infectious disease.

The temperature of an infant or small child, an unconscious or delirious person, a mental patient, or a person who cannot breathe through the nose should be taken by rectum. If a person has just taken cold or hot food or drink, the temperature should not be taken by mouth, but by rectum or axilla (under arm). The rectal temperature registers on the thermometer about one-half degree higher than the mouth temperature and should be recorded as such.



In taking the temperature by rectum a special rectal thermometer is needed. It should be sterilized and the tip lubricated with vaseline. Then insert it gently into the rectum, preferably when it is free of fecal matter. An adult should lie on his side and the thermometer should be inserted two inches and left there about five minutes. It should be held in place by the attendant. A rectal thermometer should never be used in the mouth.

A baby should be placed on the back and held firmly with the legs elevated, and the thermometer inserted about one inch and left for about five minutes.

The temperature taken in the axilla or under the arm is less accurate. The axilla should first be wiped dry. Then insert the thermometer and hold it in place for about five minutes by pressing the arm firmly against the chest. This reading will be about one-half degree lower than a mouth temperature and should be recorded as an axillary temperature.

The temperature should be taken once or twice a day during most illnesses, and oftener when the condition requires it or when ordered by a physician.

*Pulse.*—Each time the heart beats the blood is forced from the heart through the arteries and the expansion is felt in the arteries near the body surface. The points to be observed have been stated. It requires much practice to take an accurate pulse. One should be able to pick up a wrist and find the pulse readily and count it. The wrist should be at rest on the bed, the patient's lap, or on the attendant's lap. Place the three middle fingers on the thumb-side of inside the wrist and count the beats one minute by a watch with a second hand. Note also whether the pulse is strong or weak and whether it skips a beat now and then, which indicates that it is irregular.

*Respiration.*—The respiration is the rate of breathing and is counted by watching the rise of the chest, shoulders, or abdomen for one minute by a watch. It is more nearly accurate if the person is not conscious that it is being taken, for he may hold his breath. Besides the rate, notice whether the breathing is painful, noisy, or very shallow.

*Care of mouth.*—For a helpless patient this is very important. Use a mouth wash prescribed by the doctor, have a towel, several cotton swabs, and a small pan, dish, strong paper bag, or newspaper.

Dip clean swabs into a small amount of the solution and clean the tongue, gums, teeth, and spaces between the teeth very gently. Burn the soiled swabs. If he is strong enough let the patient rinse his mouth with the solution and water. Encourage him to drink water by keeping fresh water at the bedside within reach.

For cracked and dry lips use cold cream or other lubricant suggested by the doctor.

Artificial teeth should be thoroughly cleaned and kept in cold water if taken out at night. Use great caution not to drop them.

*Care of patient's skin.*—Some practice is required to give a bed bath skillfully, but if the result to be accomplished is kept in mind, it is not difficult. The aim is not only to make the patient clean and dry without chilling, fatiguing, or exposing him, but also to keep the bed dry.

Assemble all the necessary articles first, in order to work without delay. Some people make the bed after the bed bath is given, but if a bath is given successfully a patient will be relaxed and will rest or go to sleep if given the opportunity.





FIG. 3.—Patient washing teeth.

Assemble the following articles or their substitutes: a table, room thermometer, clean newspapers, large basin, large pitcher for hot water, bucket or jar for waste water, a face towel, two wash cloths, two bath towels, a clean bed garment, and toilet articles such as soap, powder, nail brush and nail file, comb and brush, scissors, tooth brush and powder or paste, and rubbing alcohol.

It is often desirable to care for the hair and the finger and toe nails a while before starting the bath if the patient is weak.

Before starting, wash hands and remove jewelry. Place the table near the head of the bed, preferably at the right side. Protect it with papers. Place the basin of water, soap, toilet articles, towels, and wash cloths on it. Place the bucket or jar for waste water and the pitcher of hot water on papers on the floor by the bed.

Remove the bedding, leaving enough to keep the patient warm. Use a bath blanket both under and over the patient after you remove the gown, but the bedding may be protected very nicely with the bath towel if you move it about as necessary.

The water in the basin should be about as hot as can be endured because when the cloth is soaped and carried to the patient, some heat is lost. Be sure the cloth is not dripping, and have all of the corners in your hand.

Wash and dry the face, then the neck and ears. Each part should be dried before you wash another. Wash the arms and hands, placing the hands in the basin if desired. Wash the chest and abdomen. Pay special attention to the armpits and navel.

In giving a bath, the patient's strength should be conserved. This may be done by not turning him unnecessarily.

Next wash the limbs and feet, putting the feet in the basin of water if desired. Protect the foot of the bed with a towel placed on papers under the basin. Keep adding enough hot water to maintain proper temperature.

Now change the water and either wash carefully or permit the patient, if able, to wash the genital region. The patient will be on his back with knees flexed and separated. Keep covered without exposure.

Change the water again and have the patient turn on face and abdomen or on side while the shoulders, back, and upper part of thighs are washed. Rub the back with alcohol and put on the gown. Then the bed may be remade or changed with clean linen, pillows replaced, and the patient allowed to rest or sleep. If the hair and nails are not cared for before the bath, this should be done during the bath, with the hair combed last.

*Bed pans.*—A bed pan is an article used to receive bowel and bladder excretions of a patient lying in bed. There are several different styles. The enameled pan is better than porcelain.

It is a very good policy to bring the bed pan to a patient at frequent intervals, so that he will not feel helpless and dependent. Whenever he asks for it, there should be no delay because the desire to use it may pass away and cause constipation. Bed pans should be warmed by letting hot water run over them. Then dry and place a cloth or towel over the part upon which the hips rest so that the skin will not stick to it.

To place the pan, flex the patient's knees and push the gown up above the hips. Place one hand under the hips and have the patient raise them, the attendant helping if necessary. With the other hand carefully place the pan under hips and lower them on the pan. If the patient is helpless the attendant will need someone to help lift him.

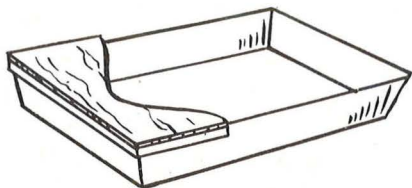


FIG. 4.—A bed pan made from a dripping pan.

Always provide toilet paper, soap, basin of water, and soft clean cloths so that either you or the patient may cleanse these parts. This

is very important. Remove the pan in the same manner as it was placed.

Cover and empty the pan at once. Flush it with cold water first, removing adhering particles with twisted toilet paper. Then clean with warm water and soap. A long-handled brush may be used. Wash hands thoroughly.

A bed pan to be used in case of an emergency may be made from a board and a dripping pan. This pan is for emergencies only and should be replaced by a regulation bed pan if the illness is severe or long. A pan ordinarily used for baking will serve this purpose satisfactorily. Be sure it is shallow and large enough to prevent soiling the bed. A board is placed across one end to support the patient. Select a thin, smooth board and cut it long enough to extend over the edge of the pan a half inch on three sides. Nail a narrow molding on the under side around the three sides to hold the board in place. A semicircle piece 4 inches long and 2 inches deep may be cut out if desired (Fig. 4).

Before placing the bed pan under the patient, cover the board with a soft cloth to protect the patient and to prevent the board from becoming soiled.

*Bed sores.*—The care of a bed patient's skin is very important. It must be kept very clean and dry. Bed sores often develop on the bony prominences such as the end of the spine, the elbows, heels, shoulders, hips, ankles, and



knees, and on the ears or back of the head. They occur more often on thin, aged people. A bed sore is often due to carelessness or neglect and is considered a result of poor nursing care.

The chief cause of bed sores is pressure, aggravated by moisture, wrinkles of bedding or gown, crumbs or other hard particles in the bed, uncleanness, friction of any kind, or rough handling.

Bed sores may be prevented by changing the patient's position frequently and by keeping his skin clean and dry, by bathing carefully and patting dry instead of wiping with friction. Keep the bedding and gown free from wrinkles, the bed free from crumbs, and handle the patient carefully. Do not slide him up or down or to one side in the bed. Lift him and lower to desired position. Air cushions, cotton rings, small pillows, and bed cradles may prevent pressure.

The early signs of a bed sore are redness or a dark discoloration of the skin. The skin should be inspected several times a day and if there is the slightest sign of a bed sore, it should be reported to the physician immediately, because they are very hard to heal.

*The cleansing enema.*—An enema is an injection of fluid into the rectum. It is usually used to cause a movement of the bowels. The solutions commonly used are plain water, water made soapy with mild soap, and salt solution made with one teaspoonful of salt to a pint of water. Unless otherwise ordered, the temperature should be about 105°F. An adult may take a quart of solution.

A rubber sheet or several thicknesses of newspapers and a towel or cloth to cover them should be placed under the patient's hips. A folded blanket may be used to cover the patient. Bring the bed pan or commode to the bedside. The irrigating can or enema bag, hose, and nozzle must be clean. Fill the bag with the prepared solution. Hang it not more than a foot above the patient's hips. Expel the air by releasing the stopcock. This will also permit the solution to run out of the hose until it is flowing at the temperature of the water in the bag. With the patient on his left side with knees flexed and head low or level, insert the nozzle, which has been lubricated with vaseline from a tube or with vaseline on clean paper from a jar. (Do not dip the nozzle into the jar of vaseline.) Release the stopcock gently and permit the solution to flow slowly.

It may be necessary to shut off the flow of water for a time by pressing the hose together or by adjusting with the stopcock. The lower the bag, the lower the pressure and the slower the flow. This introduces more solution and retains it longer, which produces better results. When ready to expel the solution, the patient should be placed on the bed pan or the commode by the side of the bed. Following the evacuation, cleanse the patient and the bed pan as previously directed.

The procedure for giving an enema to a baby is the same as for an adult except that either a soft rubber bulb with a nozzle attached or an ordinary enema can or bag with a small hard rubber tip especially made for infants may be used. The infant should be placed on its back upon a padded paper or rubber sheet on a table or the attendant's lap. Hold the feet together as when taking a rectal temperature. Be very careful and gentle. A baby may take two or three ounces. Cleanse very thoroughly after the solution is expelled.

After being used, the nozzle of the enema can or enema bag should be washed with soap and water and boiled fifteen minutes, dried, and put away with the rest of the enema equipment, which should be washed, dried, and



wrapped in a clean cloth or tissue paper. It should not be hung in the bath room or closet to become soiled.

*Use of heat and cold for applications.*—Inflammation often occurs in the tissues of the body. Some of the common examples of inflammation are boils, pimples, abscesses, sore throat, infected wounds such as scratches and cuts, and the pain caused by sprains and strains. The signs of inflammation are redness, local increase in heat, swelling, pain, red streaks, swollen glands, and pus. All symptoms are not present in every instance. Inflammation is nature's method of healing.

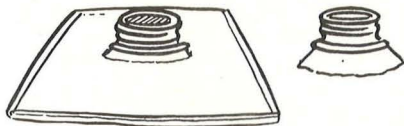


FIG. 5.—Ice bag made from an inner tube.

After an injury or wound, nature sends blood because the white blood corpuscles combat bacteria. The increased amount of blood will cause the swelling and the pain. Very often it is necessary to relieve this pain and also to stimulate the circulation by the use of either hot or cold applications. It is very important to remember that cold contracts the blood vessels, consequently decreasing the amount of blood where it is applied. Heat dilates the blood vessels; thus it increases the amount of blood where it is applied. Heat is often used to relieve pain. Cold is often used to prevent swelling.

Heat may be applied moist or dry. Moist heat is applied by means of cloths wrung out of hot water and applied carefully to the affected part or by applying a moist cloth to the part and then placing a hot-water bottle over it, provided it is not too heavy.

Dry heat may be applied by means of a water bottle, an electric pad, a jar or jug filled with hot water, sand, or salt bags, heated irons or plates, or even hot dry cloths. Great care must be used not to burn the patient. Do not leave anything hot enough to burn in close contact with an infant or an elderly person or with a person who is delirious, demented, or unconscious.

If you use a rubber hot-water bottle, be sure that it does not leak. Fill a pitcher with water that will not burn. Then fill the water bag not more than two-thirds full. Expel the air by placing it on a table until the water comes up into the funnel of the bag. Then put the stopper in and screw it tightly. Wipe the bag dry and turn it upside down to test for leakage. Cover the bag with a bottle cover or a towel.

Cold may be applied by means of cotton, gauze, or other soft material placed in ice water or on a block of ice, then applied to the part. An ice bag may be filled with crushed ice or squares of ice, depending upon the area to which it is to be applied. A water bottle may be used for crushed ice. Although your physician will advise you when you should use heat and cold, a few examples may be of help in an emergency. It is usually safe to use heat if there is pain, swelling, redness, or red streaks and swelling of glands under the arm or in the groin extending from a wound of the hand or foot. Heat is usually used for boils, abscesses, and sties. Heat is also used to relieve pain that results from a strain, which is an injury to a muscle. Heat should never be used on the abdomen if there is any danger of appendicitis.

Cold is used to prevent swelling as in the case of a sprain, which is a temporary dislocation. If you do nothing and continue to use the part, for instance the ankle, swelling will result. But if you apply cold and do not walk

very often, there will be no swelling and much less pain. Cold is also used to control bleeding.

After a water bottle or an ice bag is used, it should be emptied, allowed to dry inside, and then filled with air so that the sides will not stick together.

A *homemade ice bag* may be made from a Mason jar and an old inner tube. Materials needed are: old inner tube, Mason jar, rubber patching cement. The directions are as follows:

Remove the lid of the jar, and tie two or three strands of string, soaked in kerosene, around the neck of the jar. (*Precaution:* Be sure to work out of doors while working with kerosene to avoid the danger of fire.) Then light the string and hold the top of the jar downward. When the flame is blue and burning completely around the jar, plunge the jar into cold water. The jar should break off evenly, just below the shoulder (Fig. 5).

Next cut a cross section of inner tube twelve or fourteen inches long. Cut a hole in what is to be the top. Make it slightly smaller than the top of the jar. Place the top of the jar inside the tube and push the small end up through the opening as far as the shoulders, so that the jar lid can be screwed on.

Now cement the ends of the tube with rubber patching cement. Put into a press until the cement hardens. The bag will be water tight to *cold* water.

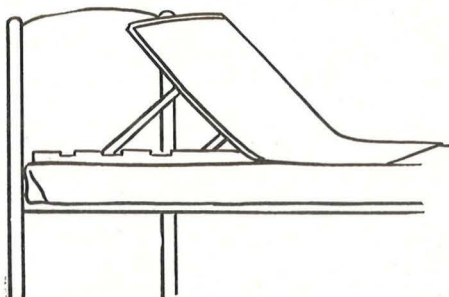


FIG. 6.—Back rest will help a patient sit up in bed comfortably.

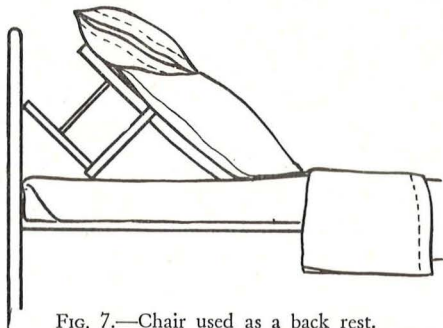


FIG. 7.—Chair used as a back rest.

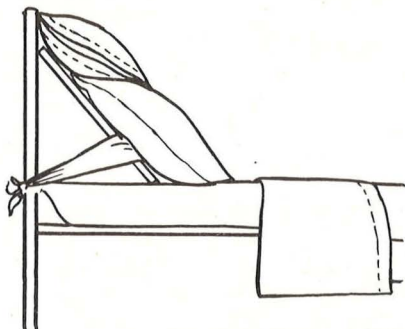


FIG. 8.—Back rest made from a washboard and held in place by a strip of cloth.

### Methods of Making the Patient Comfortable in Bed

The proper support of all parts of the body enables a sick person to be comfortable. This is accomplished by the use of a number of pillows of various sizes. The position of the pillows will need to be changed when the patient's position is changed.



FIG. 9.—Sling to support a child or an invalid.

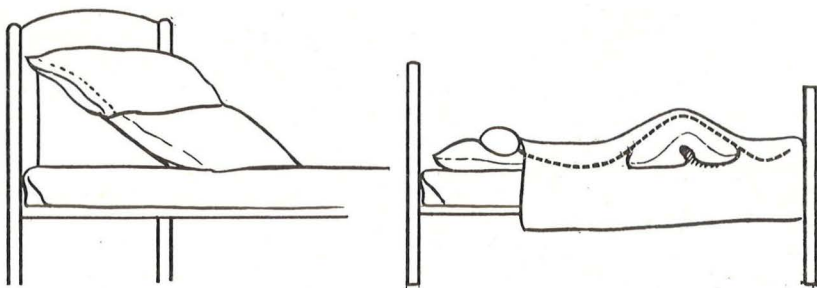


FIG. 10.—Placing pillows to make patient comfortable.

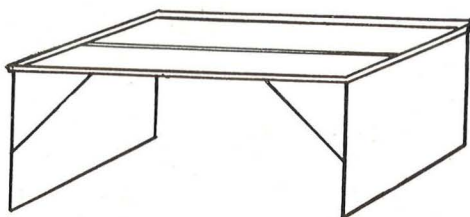


FIG. 11.—Bed table made from an orange crate.

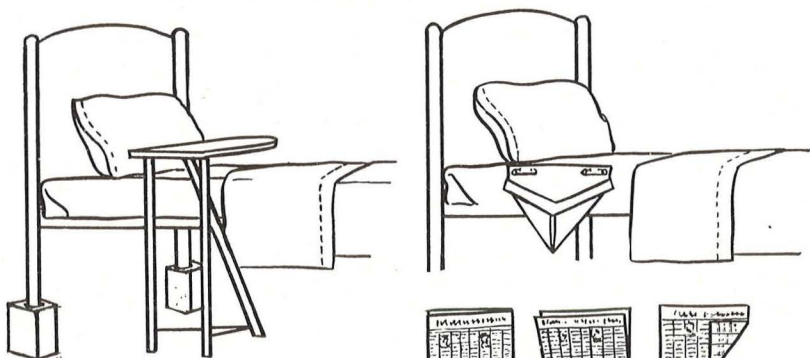
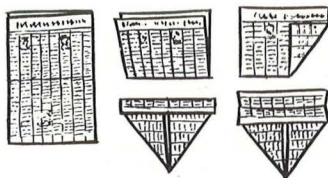


FIG. 12.—Folding ironing board used as a bed table.

FIG. 13.—Folded newspaper to receive soiled tissue.





For the patient lying on his side without a head rest, place a pillow lengthwise against his back and tuck it in firmly. When the patient is on his back place the pillow under his knees. If he is raised in bed, he should have pillows under his head, shoulders, and arms.

When the patient is sitting up in bed, a back rest will help to make him more comfortable. You may use a commercially made back rest or a bread board, suit case, or an inverted small straight chair (Figs. 6, 7, and 8). If such a substitute is used be sure it is safe and covered with a clean white cloth. A pillow or two should be placed lengthwise of the back rest and one crosswise to fit under the head for support. To keep the patient from slipping down in bed, a pillow may be placed under the knees and also at the feet for support (Figs. 9 and 10). A pillow under each arm will add to the comfort.

*Bed tables* which are about the size of a large square or oblong tray with short legs are placed over a patient's lap to hold a tray, book, or writing materials. Substitutes may be used, such as an orange crate with sides removed, a table leaf supported at each end by a straight chair, a sewing machine close to the bed with the leaf extending over the bed, a folding ironing board extending over the bed, a card table with two legs folded up, or a bread board supported by pillows at each end (Figs. 11, 12, 14).

Improvised equipment or home devices may be used for the patient's comfort. When planning a substitute, be sure it will serve the purpose for which it is intended and that it is clean, practical, and safe.

*Bed cradles* are often necessary to keep the weight of the bed covers from some sensitive part of the body. They are semicircular pieces of wood or iron fastened together in the center so that they will stand up. Each piece should be wrapped with a bandage or cloth. A barrel hoop or a bushel-basket hoop may be used. Cut it in half, cross the halves at right angles, and tie them together firmly. A smaller cradle may be made by using less than half for each section. The cradle is placed over the affected part. To keep the part warm, wrap or cover with flannel.

*Bed blocks* may be used to raise the bed. Blocks of wood with a hollowed-out place in the center of the top may be used. Hollow tile placed sideways will serve also. Raising the bed 6 or 8 inches from the floor will make the work of the attendant much easier. It takes a great deal more strength and energy to work on a low surface.

### **Care of a Patient with a Communicable Disease**

There are two classes of diseases—communicable and noncommunicable, or “catching” and “noncatching.” Communicable diseases are caused by germs, and noncommunicable diseases are not caused by germs. A few examples of communicable diseases are tuberculosis, common colds, pneumonia, diphtheria, small pox, measles, and erysipelas. Examples of noncommunicable diseases are heart disease, cancer, goiter, diabetes, rheumatism, and eczema.

Most disease-producing germs do not live long after they leave the body of a person who is sick. They are carried in most instances from person to person. These germs enter the body through the mucous surfaces such as the nose, lungs, mouth, and through breaks in the skin such as cuts, abrasions, and insect bites.

They leave the body chiefly through the nose and mouth discharges as in coughing, sneezing, and spitting, in urine and bowel discharges, and in pus or “matter.”

The problem of controlling or preventing communicable diseases is a problem in preventing the discharges of one person from traveling directly to another. The care of patients with transmissible diseases involves two aims. One concerns the patient's rapid recovery. The other concerns the community, which means keeping the patient from infecting others. In every case of illness, both the patient and others should be protected.

If a patient is suspected of having a communicable disease, he should be kept from the other members of the family. This also means that persons who have early symptoms of infectious diseases should not go among others—to school, church, movies, shopping, or parties. Neither should such children play with other children. Some of the early symptoms of infectious diseases are sore throat, discharging nose, coughing, vomiting, other digestive disturbances, temperature, or a rash.



FIG. 14.—Bed table made of table leaf supported by two chairs.

Communicable diseases should be reported to a physician who should inform the health officers who have charge of quarantine regulations.

In the care of patients with communicable diseases the discharges from the nose and throat, pus from wounds, bowel and bladder excretions, and articles of clothing, bedding, dishes, and utensils must be disinfected as soon as possible. Disinfection may be accomplished by boiling or by a chemical. Linens, bedding, bed clothing, napkins, handkerchiefs, etc., may be placed in a large boiler or tub containing cold water to which has been added a little washing soda. The container should be covered. This should be boiled twenty minutes. Then the articles may be put into the regular laundry. Paper handkerchiefs or cleansing tissue may be used, then burned. A container made from a newspaper may be pinned to the bed so that the attendant need not handle soiled handkerchiefs (Fig. 14).

If a chemical is used for disinfection of urine, bowel excretions, bath water, discharges from the nose, mouth, or lungs, or pus from a wound, there are several things to keep in mind, for all chemicals are not used in the same strength: the chemical used, the strength of the solution, the amount of the solution, and the length of time required for disinfection.

It is important that a physician be consulted for definite directions.

For disinfection of bowel excretions and urine, use freshly prepared chloride of lime solution made by mixing a half pound of chloride of lime with one gallon of water. Use twice as much solution as material to be disinfected, cover, and let stand for two hours. If unslaked lime is used, it requires about one-eighth of the bulk to which is added hot water—about one cup of un-



slaked lime to a quart of hot water for the contents of a bed pan. The fecal material should be broken up with twisted toilet paper so that the disinfectant may come in contact with every particle. The bed pan and urinal should be boiled or disinfected chemically each day, and kept very clean.

Dishes from the tray require special care. The tray should be carried from the room and placed on newspapers on a table. The uneaten food should be placed in paper bags or on other paper and burned. The dishes should be wiped off with paper, which should also be burned. They are then placed in a pan of cold water with soda added, put on the stove, and boiled for twenty minutes. Then they may be put in clean hot water and washed and dried. The tray may be boiled if a large container is available; otherwise hot water and soap or a chemical are necessary.

The attendant must be very conscientious about the care of her hands. She should never put them to her face, nose, mouth, or eyes. The hands should be scrubbed thoroughly with a hand brush and soap and warm water, giving special attention to the nails. In addition, but not as a substitute, a mild chemical such as 2 per cent carbolic acid solution or dilute alcohol may be used.

### **The Attitude of the Family toward Illness**

Today we know that the best way to keep well is to follow the advice of physicians regarding prevention of disease. But in spite of all preventive efforts, illness persists. A small percentage of the people of the United States are ill every day. Every one at some time is ill for a while. A large number of people are cared for in their own homes. The aged, chronic invalids, some convalescents, and sick babies are sometimes best cared for at home.

Most cases of illness in the home are cared for by untrained persons. Most people cannot afford the services of a registered graduate nurse except for very acute short illnesses. It is important that the untrained person or home nurse seek all the help possible to meet this situation efficiently and intelligently.

A hospital is for sick people and the home is primarily for those who are well. It is a place where ideals are acquired, habits are formed, and fine family relationships are developed—the place where the family members become unselfish and regard the wishes of others.

When illness comes in the home, the normal activities are affected; especially in acute or serious illness is the regime of the home changed. The needs and interests of the sick person must be considered. These sacrifices and learning to accept responsibility are valuable to the other members of the family. Every member of the family who is well and the proper age should be happy to share the work and the care of the sick under the supervision of the person in charge.

If there is the proper attitude of reasonable consideration for each other, every one will be willing to be more quiet in conversation, laughter, walking, and in closing doors and windows.

All disturbing family problems should be kept from the patient. Whispering is very annoying.

When anyone is seriously ill it is only natural for members of the family to worry and feel sad. The family and attendant should conceal these feelings and be as cheerful as possible.

The patient also has some obligation toward the members of the family who have the responsibility of his illness added to their duties. Unless very ill,



a normal patient will be considerate and not require services which he himself is able to perform.

A child during an illness may be spoiled if the home nurse allows her sympathy to rule her good judgment of discipline. The attendant should be kind and loving, but still firm.

Most convalescents are eager to get back to work and are likely to overdo and become ill again. A few patients need urging to do for themselves. They have enjoyed attention and wish to prolong invalidism. The attendant will have to be tactful and may suggest that the patient arrange the flowers, comb his own hair, and manicure his nails to prepare for a visitor.

If there is a chronic invalid in the home, the homemaker must prevent the possibility of a sick room atmosphere from pervading the home. On the contrary, she must see that the invalid adapts herself or himself to the normal home and also contributes something. The invalid may read to children, do some of the mending, care for the plants or pets, and have other duties. Some occupations have become hobbies and later have become interesting and gainful. Occupations suggested for the sick or convalescent are sewing, drawing, knitting, crocheting, raffia work, weaving, basketry, gardening with bulbs, potted plants, desert gardens, plastic work with clay or wax, photograph tinting, leather work, making scrap books, making collections of stamps, coins, books, pictures of furniture, gardens, animals, famous actors, etc.

Pets suitable for the sick room are goldfish, guppies, turtles, birds, or cocoons for the patient to watch develop.

The aged person in the home may create a problem. Aged people must dress warmly both day and night. They may have some physical weaknesses or disabilities, but if permitted to do what they are able to do, such as mending, knitting, caring for plants, or making attractive etchings, they will be happy. They will feel that they are contributing to the home instead of being a burden.